

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Inmagic, Inc

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 800 West Cummings Park, Woburn, MA 01801

Name of Agent Designated to Receive Notification of Claimed Infringement: J. Flynn

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

800 West Cummings Park
Woburn MA 01801

Telephone Number of Designated Agent: 781-938-4442

Facsimile Number of Designated Agent: 781-938-6393

Email Address of Designated Agent: copyright@inmagic.com

Signature _____ **or Representative of the Designating Service Provider:**

Date: Jul - 25 - 2001

Typed or Printed Name and Title: Phillip Green
President and CEO

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

AUG 06 2001

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